

**RECEIVED**

OCT -9 2020

U.S. District Court  
Eastern District of MO**UNITED STATES DISTRICT COURT**

for the

Eastern District of Missouri

\_\_\_\_ Eastern \_\_\_\_ Division

Teresa Anderson

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

\_\_\_\_\_  
Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SSM Healthcare Corporate Office

\_\_\_\_\_  
Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**COMPLAINT FOR EMPLOYMENT DISCRIMINATION****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Teresa Anderson
Street Address	12178 Red Lion Dr.
City and County	Florissant
State and Zip Code	Missouri 63033
Telephone Number	314 398-4343
E-mail Address	teanderson121@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	SSM Healthcare Corporate Office
Job or Title <i>(if known)</i>	
Street Address	10101 Woodfield Ln.
City and County	St. Louis, 63132
State and Zip Code	MO
Telephone Number	(314) 994-7800
E-mail Address <i>(if known)</i>	

## Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	SSM Healthcare Corporate Office
Street Address	10101 Woodfield Ln.
City and County	St. Louis
State and Zip Code	Missouri
Telephone Number	(314) 994-7800

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law *(specify the federal law)*:



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.  
☒ Termination of my employment.  
☐ Failure to promote me.  
☐ Failure to accommodate my disability.  
☐ Unequal terms and conditions of my employment.  
☒ Retaliation.  
☒ Other acts *(specify)*: Toxic-Hostile Workplace Environment

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
05/05/2019 - 07/20/2020 (Terminated)

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race African American  
☐ color \_\_\_\_\_  
☒ gender/sex Female  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*  
☐ disability or perceived disability *(specify disability)* \_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

On or around 05/06/2019 I was hired by the above named employer as a Product Specialist and later moved to Application Analysis. I was the only African American female under the supervision of John Thomas, Executive Director of IT. I was harassed by coworkers and after I complained, I was discharged in retaliation. Since hire, Carrie Stockamp, was very rude and nasty, and hollered at me on several occasions and refused to train me adequately. Many coworkers heard this. I was also locked out of the office after lunch several times and ignored by my coworkers. I informed HR and management about my treatment. After several meetings, no changes were made in the harassment. On or around 7/17/2020 John Thomas told me that due to Covid-19, my job was being eliminated. Please See Attachment.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

560-2020-02227-07/20/2020

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 09/28/2020 .

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

2,000,000.00 actual damages, 2,500,000.00 punitive damages

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/05/2020

Signature of Plaintiff

Printed Name of Plaintiff

Teresa A. Anderson  
Teresa A. Anderson

**B. For Attorneys**Date of signing: 10/5/2020

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Teresa A. Anderson, Pro Se  
Teresa A. Anderson

UNITED STATES DISTRICT COURT FOR  
THE EASTERN DISTRICT OF MISSOURI  
Eastern DIVISION

Teresa Anderson

**Complaint for a Civil Case**

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.  
(to be assigned by Clerk of District Court)

Plaintiff requests trial by jury:

☒ Yes ☐ No

v.

SSM Healthcare Corporate  
Office

(Write the full name of each defendant. The caption must include the names of all of the parties. Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

**CIVIL COMPLAINT**

**NOTICE:**

*Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.*

*Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.*

*In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepaying fees or costs.*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Teresa Anderson
Street Address	12178 Red Lion Dr.
City and County	St. Louis
State and Zip Code	Mo 63033
Telephone Number	314 398-4343
E-mail Address	teanderson121@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	SSM Healthcare Corporate Office
Job or Title	
Street Address	10101 Woodfield Ln.
City and County	St. Louis
State and Zip Code	MO 63132
Telephone Number	314 994-7800
E-mail Address	

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant. If you are suing for violation of your civil rights, you must state whether you are suing each defendant in an official capacity, individual capacity, or both.)*



## **II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the information for this case. *(Include all information that applies to your case)*

### **A. Federal question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Retaliation, Race, Toxic-Hostile Workplace Environment

### **B. Suit against the Federal Government, a federal official, or federal agency**

List the federal officials or federal agencies involved, if any.

1. EEOC
2. U.S. Department of Labor - Civil Rights Center in Washington, DC

### **C. Diversity of Citizenship**

These are cases in which a citizen of one State sues a citizen of another State or nation, and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

#### **1. The Plaintiff(s)**

The plaintiff, (name) Teresa Anderson, is a citizen of the State of (name) Missouri.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen  
of the State of (name) \_\_\_\_\_ Or is a citizen  
of (foreign nation) \_\_\_\_\_.

If the defendant is a corporation

The defendant, (name) SSM Healthcare Corporate Office .  
is incorporated under the laws of the State of (name)  
Missouri , and has its principal place of  
business in the State of (name) Missouri Or  
is incorporated under the laws of the State of (foreign nation)  
\_\_\_\_\_, and has its principal place  
of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy----the amount the plaintiff(s) claims the defendant(s) owes or the amount at stake----is more than \$75,000, not counting interest and costs of court, because (explain):

\$2,000,000.00 actual damages, \$2,500,000.00 punitive damages

### **III. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

On or around 05/06/2019 I was hired by the above named employer as a Product Specialist and later moved to Application Analysis. I was the only African American female under the supervision of John Thomas, Executive Director of IT. I was harassed by coworkers and after I complained, I was discharged in retaliation.

Since hire, Carrie Stockamp, was very rude and nasty, and hollered at me on several occasions and refused to train me adequately. Many coworkers heard this. I was also locked out of the office after lunch several times and ignored by my coworkers. I informed HR and management about my treatment. After several meetings, no changes were made in the harassment. On or around 7/17/2020 John Thomas told me that due to Covid-19, my job was being eliminated.

For the above stated reasons, I believe that I was harassed and poorly trained because of my race and sex, African American female, and after I complained, my job was eliminated in retaliation, in violation of Title VII of the Civil Rights Act of 1964, as amended.

Continuation on page 7

### **IV. Relief**

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

I would like the courts to 1) award actual damages and punitive damages for the toxic-hostile environment, mental stress, great anxiety, and clear procedures in place to prevent someone else from being subjected to such toxic-hostile treatment. Additionally, diversity training.

Do you claim the wrongs alleged in your complaint are continuing to occur now?

Yes ☐ No ☒

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒ No ☐

Do you claim punitive monetary damages?

Yes ☒ No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

\$2,000,000.00 - \$2,500,000.00 actual/punitive monetary damages

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5<sup>th</sup> day of October, 2020.

Signature of Plaintiff(s) Luisa A. Anderson